



7/8/03
Stephan
7-8-03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "A"

APPLICANT : RAINER KUTH CONFIRMATION NO. 4953
SERIAL NO.: 09/972,161 GROUP ART UNIT: 2859
FILED: October 5, 2001 EXAMINER: Brij B. Shrivastav
TITLE: "MAGNETIC RESONANCE APPARATUS WITH SOUND INSULATION"

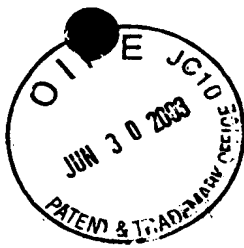
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

S I R:

In response to the Office Action dated March, 2003, Applicant herewith amends the application as follows.

RECEIVED
JUN - 3 2003
TECHNOLOGY CENTER 2800

TELEPHONE (312) 258-5500



SCHIFF HARDIN & WAITE

PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

In re application of: Kestler, et al.

Serial No.: 09/972,161

GROUP ART UNIT: 2859

Filed: October 5, 2001

EXAMINER: Brij B. Shrivastav

For: "MAGNETIC RESONANCE APPARATUS WITH SOUND INSULATION"

AMENDMENT "A"

Assistant Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450
SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED							LOGIC CENTER FEE 2800
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	ADDITIONAL FEE	
TOTAL CLAIMS	*12	MINUS	**30	X 0	() X 9.00 () X 18.00		
INDEP. CLAIMS	*2	MINUS	3	X 0	() X 40.00 () X 80.00		
Application amended to contain any multiple dependent claims not previously paid for.				(*) YES () NO	() \$135.00 () \$270.00 ONE TIME		
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$0.00	

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$_____ is attached.

☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN & WAITE (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 20313-1450 on June 26, 2003.

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

June 26, 2003

DATE